

**BEFORE THE
FEDERAL COMMUNICATIONS COMMISSION
WASHINGTON, DC 20554**

In the Matter of)	
)	
Promoting Telehealth in for Low Income)	WC Docket No. 18-213
Consumers)	
)	
)	

**COMMENTS OF
USTELECOM – THE BROADBAND ASSOCIATION**

USTelecom – The Broadband Association¹ respectfully submits these comments in response to the Commission’s Notice of Proposed Rulemaking NPRM² (NPRM) requesting comment on a proposed Connected Care Pilot program (Pilot) within the Universal Service Fund (USF). The proposed three-year Pilot would provide \$100 million in USF support to eligible health care providers to defray the costs of purchasing the broadband service necessary for providing connected care services directly to qualifying patients.³

USTelecom agrees that this Pilot could benefit Americans that are subject to certain health challenges, including diabetes management, opioid dependency, high-risk pregnancies, pediatric heart disease, mental health conditions, and cancer. Data gathered from this Pilot program will help inform policy makers on whether and how USF funds can be used to promote health care provider use of connected care services. Beyond USF, data and information provided through the Pilot program may also aid in the consideration of broader reforms—whether statutory changes or updates to rules administered by other agencies—that could support the trend towards connected care.

¹USTelecom is the nation’s leading trade association representing service providers and suppliers for the broadband innovation industry. Its diverse member base ranges from large publicly traded communications corporations to small companies and cooperatives – all providing advanced communications and broadband services to hundreds of millions of customers around the world.

² *In the Matter of Promoting Telehealth for Low-Income Consumers*, WC Docket No. 18-213, Notice of Proposed Rulemaking, FCC 19-64 (rel. Jul. 10, 2019) (*NPRM*).

³ *See NPRM* at para 3.

When designing the Pilot program, to be efficient and effective, the Commission must consider how the relationship between the health care provider and the broadband service provider already operates in a real world context to ensure additional burdens are not created for either party. As AT&T noted in its comments on the *Notice of Inquiry*⁴ in this proceeding, the typical telehealth scenario involves a healthcare provider contracting with a provider of remote patient monitoring (RPM) services. The RPM service provider will have separately assembled the necessary peripheral medical devices, the broadband connectivity, any necessary communications hub for the patient's home, the software applications, cloud hosting services and other inputs that combine to create the RPM service which the healthcare provider seeks. The healthcare provider contracts with the RPM provider for this complete suite of services and equipment and then provides the necessary equipment to the individual patients it enrolls in its monitoring program. In this scenario, which is a widely used service model and the prevailing market structure, a broadband service provider has no direct relationship with either the health care provider or the patient. The broadband service is one of several different inputs that the RPM service provider combines to create the service that it sells to a healthcare provider for the use of individual patients. Our members' direct experience in the field has shown that broadband service providers almost always contract with the patient monitoring service, not directly with the health care provider or the health care provider's individual patients.⁵

Given that the broadband service provider typically has no direct relationship with the eligible health care provider or the patient, the Commission should *not* structure the Pilot program like its existing Rural Health Care and Lifeline programs, which reimburse the broadband service provider for having provided discounted service to the beneficiary, which in this instance is a health care provider. For this Pilot, it does not make sense to disrupt the current, prevailing market structure and create a new contractual relationship outside of existing business models by requiring broadband service providers to

⁴ See *Promoting Telehealth for Low-Income Consumers*, Notice of Inquiry, 33 FCC Rcd 7825 (2018) (*Notice of Inquiry*).

⁵ See *Comments* of AT&T, WC Docket No. 18-213 at 10 (Sep. 10, 2018).

contract directly with the health care provider just so that it may obtain discounted broadband service.⁶ Instead, the Commission should model this Pilot on the E-rate program and have funding paid directly to the health care provider so that broadband service providers are not artificially placed in the middle of these transactions. This becomes even more important if the Commission adopts its proposal to withhold funding if participating health care providers fail to comply with reporting requirements.⁷ Under the Commission's proposal, it is the broadband service provider that would be unfairly punished if a participant neglects to "regularly report[] useful and required program data."⁸ Participating health care providers will be far more effectively incented to comply with detailed reporting requirements if they are the entities that would bear the financial consequence of noncompliance. Alternatively, USTelecom has no objection to the Commission reimbursing the telehealth solution provider for providing discounts on eligible components of its patient monitoring system, including the connectivity provided by a third-party broadband service provider, to Pilot participants.⁹

Broadband service providers seek to focus their efforts on broadband deployment, the provision of service, and adoption. Creating a system where service providers are forced to serve as a "middleman" between health care providers and the funding source only serves to complicate the program. Instead, the Commission should design the Pilot program to focus more specifically on telehealth and patient monitoring technologies – and motivate their adoption by health care providers that serve rural and low-income populations.

USTelecom members believe in the value of broadband and therefore support the Commission's effort to expand the promise of telehealth programs. Given the record in this proceeding, the Commission should take the necessary actions to make the Pilot program not only administratively efficient but also

⁶ See also Reply Comments of the American Hospital Association WC Docket No. 18-213 (Oct. 10, 2018) at 6 (supporting direct payments to health care providers as a way to minimize their administrative burdens).

⁷ *NPRM* at ¶ 75.

⁸ *Id.*

⁹ See *id.* at ¶ 47 (proposing to permit non-eligible telecommunications carriers to participate in and receive funding from the Pilot, a decision that USTelecom supports).

consistent with industry practices so that the Commission's broader policy goal of improving the health prospects of many Americans can be achieved.

Respectfully submitted,

USTELECOM

A handwritten signature in blue ink, reading "B. Lynn Follansbee".

By: _____
B. Lynn Follansbee
VP- Policy & Advocacy
601 New Jersey Avenue, NW, Suite 600
Washington, D.C. 20001
202-326-7200

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